## UTILITY PATENT APPLICATION TRANSMITTAL

Attomey Docket No.	03500.015953.1		
First Name	ed Inventor or Application Identifier		
HIROSHI MAEHARA			
Funna Mail Labal Ma			

של ייי ייי ייי ייי ייי ייי ייי ייי	ew nonprovisional applications under 37 CFR 1.53(b))		Label No.				
T	APPLICATION ELEMENTS PEP chapter 600 concerning utility patent application contents.		ADDRESS TO:  Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450				
Fee Transmittal Form     (Submit an original, and a duplicate for the submit an original)	mittal Form original, and a duplicate for fee processing)			7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)			
2. Applicant claims small entity status See 37 CFR 1.27.				eotide and/or Amino Acid Sequence Submission plicable, all necessary)			
3. X Specification Total	on Total Pages 15			Computer Readab	le Form (CRF)	949 	
	al Sheets		i	ation Sequence Li CD-ROM or CD-R paper	_	5497 U.S 10/611	
a. Newly executed (original	or copy)				ng identity of abov	e copies	
vielly encoured (engine	o. 00pj,			PANYING APPLI			
	Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed)			Papers (cover shee			
	INVENTOR(S)	10.		B(b) Statement e is an assignee)	Power	of Attorney	
inventor(s) nam 37 CFR 1.63(d)	ed in the prior application (2) and 1.33(b).	11	English Tra	nslation Documer	nt (if applicable)		
6. X Application Data Sheet. See 37 C	FR 1.76	12. X	Information Statement (	Disclosure (IDS)/PTO-1449	Copie Citatio	s of IDS ns	
		13	Preliminary	Amendment			
		14. X		eipt Postcard (MP specifically itemiz			
ų		15.	Certified Co	opy of Priority Doc nority is claimed)	ument(s)		
		16.	Other:				
47 // 001/71/1/1/10 450:10 7:00							
17. If a CONTINUING APPLICATION, check	appropriate box and s	upply the requisite	information:				
Continuation X Division  Prior application information: Examine	onal Contin	uation-in-part (CIP Group/Art Unit:		lication No. <u>09 / 9</u>	987,790		
For CONTINUATION OR DIVISIONAL APPS only considered a part of the disclosure of the accomp be relied upon when a portion has been inadverted.	anying continuation or div	visional application a	and is hereby in	in oath or declaration	on is supplied under ence. The incorpor	Box 5b, is ation can only	
			_				
	18. CORRE	SPONDENCE ADD	RESS				
X Customer Number or Bar Code Label	(Insert Customer No	05514 . or Attach bar code l	abel here)	or Corres	spondence address t	below	
NAME							
				-		<del></del>	
Address			<u> </u>				
City	State			Zip Code	<u> </u>	<del></del>	
Country	Telephone			Fax			

\_

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	13-20 =	0	X \$ 18.00 =	\$ 0.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	7-3 =	4	X \$ 84.00 =	\$ 336.00
	MULTIPLE DEPENDENT	T CLAIMS (if applicable) (37	CFR 1.16(d))	\$280.00 =	\$ 0.00
				BASIC FEE (37 CFR 1.16(a))	\$750.00
	_		Total of	above Calculations =	\$ 1,086.00
	Reduction by	50% for filing by small er	ntity (Note 37 CFR 1.9, 1	.27, 1.28)	<u> </u>
				TOTAL =	\$ 1,086.00
19. Sr a.	<del></del>	ntity statement is enclose			
a. b. c. 20.	A small er  A small er  and desire  Is no long  X A check in the amo  A check in the amo  ne Commissioner is hereby  0. 06-1205:	ntity statement was filed in ed. er claimed. ount of \$ 1,086.00 ount of \$ to c	n the prior nonprovisions _ to cover the filing fee is over the recordal fee is erpayments or charge the	al application and suc s enclosed. enclosed.	ch status is still proper
a. b. c. 20 21	A small er  A small er  and desire  Is no long  X  A check in the amount  A check in the amount  Commissioner is hereby  Commissioner is hereby  A check in the amount  Description of the commissioner is hereby  Commissioner is hereby	ntity statement was filed in ed. er claimed. ount of \$ 1,086.00 ount of \$ to c	n the prior nonprovisions to cover the filing fee is over the recordal fee is prpayments or charge the	al application and suc s enclosed. enclosed.	ch status is still proper

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED			
NAME	Jason M. Okun, Registeration No. 48,512		
SIGNATURE	Sara M. Olu		
DATE	July 2, 2003		

Form #125

NY\_MAIN 360467v1